

**2005**

**Behavioral Risk Factor Surveillance System**

**Arkansas State Questions**

# Behavioral Risk Factor Surveillance System 2005 Arkansas State Questionnaire

## Table of Contents

Table of Contents	2
Interviewer's Script	3
Core Sections	5
Section 1: Health Status	5
Section 2: Healthy Days – Health-related Quality of Life	5
Section 3: Health Care Access	6
Section 4: Exercise	7
Section 5: Diabetes	7
Section 6: Hypertension Awareness	7
Section 7: Cholesterol Awareness	8
Section 8: Cardiovascular Disease Prevalence	8
Section 9: Asthma	9
Section 10: Immunization	9
Section 11: Tobacco Use	10
Section 12: Alcohol Consumption	10
Section 13: Demographics	11
Section 14: Veteran's Status	15
Section 15: Disability	15
Section 16: Arthritis Burden	16
Section 17: Fruits and Vegetables	17
Section 18: Physical Activity	19
Section 19: HIV/AIDS	20
Section 20: Emotional Support & Life Satisfaction	21
Closing Statement or Transition to Modules and/or State-Added Questions	22
Optional Modules	23
Module 1: Diabetes	23
Module 5: Cardiovascular Health	29
Module 6: Actions to Control High Blood Pressure	30
Module 8: Influenza	34
Module 16: Osteoporosis	43
Module 18: Weight Control	44
Module 21: Smoking Cessation	47
Module 22: Secondhand Smoke Policy	48
Module 13: Women's Health	39
State added Questions	
State added 1: Women's Health	
State added 2: Disability	

## Interviewer's Script

HELLO, I am calling for the           (health department)          . My name is           (name)          . We are conducting a survey to gather information about the health of           (state)           residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this           (phone number)          ? If **"No"**, thank you very much, but I seem to have dialed the wrong number. It is possible that your number may be called at a later time. **STOP**

Is this a **cellular telephone**? If **"Yes"**, thank you very much, but we are only interviewing land line telephones in private residents. **STOP**

Is this a private residence? If **"No"**, thank you very much, but we are only interviewing private residences. **STOP**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

—                      Number of adults

If **"1"**                Are you the adult?

If **"Yes"**            Then you are the person I need to speak with. Enter 1 man or 1 woman below. **[Ask gender if necessary]. ➔Go to Page 5**

If **"No"**            Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? ➔Go to **"Correct Respondent"** on next page.

How many of these adults are men and how many are women?

—                      Number of men  
—                      Number of women

The person in your household that I need to speak with is \_\_\_\_\_.

If **"You"**, ➔Go to Page 5

**To Correct Respondent:** My name is     (name)     calling from the     (health department)    . We are conducting a survey to gather information about the health of     (state)     residents. The survey is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

## Core Sections

### Section 1: Health Status

---

1.1 Would you say that in general your health is: (73)

**Please read**

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- or
- 5 Poor

**DO NOT READ**

- 7 Don't know / Not sure
- 9 Refused

### Section 2: Healthy Days - Health-related Quality of Life

---

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

If Q2.1 and Q2.2=88 (None), ⇒ Go to next section.

- 2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

— — Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

### Section 3: Health Care Access

---

- 3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider? (81)

**If "No", ask: "Is there more than one or is there no person who you think of as your personal doctor or health care provider?"**

1 Yes, only one  
2 More than one  
3 No  
7 Don't know / Not sure  
9 Refused

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (82)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

- 3.4. About how long has it been since you last visited a doctor for a routine checkup? (83)

1 Within past yr (1-12 months ago)  
2 Within past 2 yrs (1-2 yrs ago)  
3 Within past 5 yrs (2-5 yrs ago)  
4 5 or more years ago  
7 Don't know / Not sure  
8 Never  
9 Refused

## Section 4: Exercise

---

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (84)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 5: Diabetes

---

- 5.1. Have you EVER been told by a doctor that you have diabetes? (85)

**Note:** If respondent says 'pre-diabetes or borderline diabetes', use response **Code 4**.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*

## Section 6: Hypertension Awareness

---

- 6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (86)

If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*

- 1 Yes
- 2 Yes, but female told only during pregnancy ⇒ **Go to next section**
- 3 No ⇒ **Go to next section**
- 4 Told borderline high or pre-hypertensive ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

- 6.2. Are you currently taking medicine for your high blood pressure? (87)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 7: Cholesterol Awareness

---

7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? (88)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

7.2. About how long has it been since you last had your blood cholesterol checked? (89)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (90)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 8: Cardiovascular Disease Prevalence

---

**Now I would like to ask you some questions about cardiovascular disease.**

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “**Yes**”, “**No**”, or you’re “**Not sure**”:

8.1. (Ever told) you had a heart attack, also called a myocardial infarction? (91)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.2. (Ever told) you had angina or coronary heart disease? (92)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused



8.3. (Ever told) you had a stroke? (93)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 9: Asthma

---

9.1. Have you EVER been told by a doctor, nurse, or other health professional that you had asthma? (94)

- 1 Yes
- 2 No ⇒ **Go to next section**
- 7 Don't know / Not sure ⇒ **Go to next section**
- 9 Refused ⇒ **Go to next section**

9.2. Do you still have asthma? (95)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 10: Immunization

---

10.1. A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? (96)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist™. (97)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 10.3. Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (98)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 11: Tobacco Use

---

- 11.1. Have you smoked at least 100 cigarettes in your entire life? (99)

**Note:** 5 packs = 100 cigarettes

1 Yes  
2 No ⇒ **Go to next section**  
7 Don't know / Not sure ⇒ **Go to next section**  
9 Refused ⇒ **Go to next section**

- 11.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

1 Every day  
2 Some days  
3 Not at all ⇒ **Go to next section**  
9 Refused ⇒ **Go to next section**

- 11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 12: Alcohol Consumption

---

- 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (102)

1 Yes  
2 No ⇒ **Go to next section**  
7 Don't know / Not sure ⇒ **Go to next section**  
9 Refused ⇒ **Go to next section**

- 12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? (103-105)

1 \_ \_ Days per week  
2 \_ \_ Days in past 30 days  
8 8 8 No drinks in past 30 days ⇒ **Go to next section**  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 12.3. One drink is equivalent to a 12 ounce beer, a 4 ounce glass of wine, or a drink with one shot of liquor. On the days when you drank, during the past 30 days, about how many drinks did you drink on the average? (106-107)

\_ \_ Number of drinks  
7 7 Don't know / Not sure  
9 9 Refused

- 12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? (108-109)

\_ \_ Number of times  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

- 12.5. During the past 30 days, what is the largest number of drinks you had on any occasion? (110-111)

\_ \_ Number  
7 7 Don't know / Not sure  
9 9 Refused

## Section 13: Demographics

---

- 13.1. What is your age? (112-113)

\_ \_ Code age in years  
0 7 Don't know / Not sure  
0 9 Refused

- 13.2. Are you Hispanic or Latino? (114)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

13.3. Which one or more of the following would you say is your race? (115-120)

**[Check all that apply]**

**Please read**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- or
- 6 Other [specify] \_\_\_\_\_

**DO NOT READ**

- 8 No additional choices
- 7 Don't know / Not sure
- 9 Refused

**If more than one response to Q13.3; continue. Otherwise, ⇒ Go to Q13.5.**

13.4. Which one of these groups would you say BEST represents your race? (121)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

13.5. Are you...? (122)

**Please read**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- or
- 6 A member of an unmarried couple

**DO NOT READ**

- 9 Refused

13.6. How many children less than 18 years of age live in your household? (123-124)

- Number of children
- 8 8 None
- 9 9 Refused

13.7. What is the highest grade or year of school you completed? (125)

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently? (126)

**Please read**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired,  
or
- 8 Unable to work

**DO NOT READ**

- 9 Refused

13.9. Is your annual household income from all sources...? (127-128)

**If respondent refuses at ANY income level, code 99 (Refused).**

**Read only if necessary:**

- 0 4 Less than \$25,000 **If “no”, ask 05; if “yes”, ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no”, code 04; if “yes”, ask 02**  
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no”, code 03; if “yes”, ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If “no”, code 02**
- 0 5 Less than \$35,000 **If “no”, ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no”, ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no”, code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**DO NOT READ**

7 7 Don't know / Not sure  
9 9 Refused

13.10. About how much do you weigh without shoes? (129-132)

**Note:** If respondent answers in metrics, put "9" in column 129.

**[Round fractions up]**

Weight  
\_\_\_\_\_  
(pounds/kilograms)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

13.11. About how tall are you without shoes? (133-136)

**Note:** If respondent answers in metrics, put "9" in column 133.

**[Round fractions down]**

Height  
\_ \_ / \_ \_  
(ft / inches/meters/centimeters)  
7 7 7 7 Don't know / Not sure  
9 9 9 9 Refused

13.12. What county do you live in? (137-139)

FIPS county code  
\_ \_ \_  
7 7 7 Don't know / Not sure  
9 9 9 Refused

13.13. What is your ZIP Code where you live? (140-144)

ZIP Code  
\_ \_ \_ \_ \_  
7 7 7 7 7 Don't know / Not sure  
9 9 9 9 9 Refused

13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (145)

1 Yes  
2 No ⇒ **Go to Q13.16**  
7 Don't know / Not sure ⇒ **Go to Q13.16**  
9 Refused ⇒ **Go to Q13.16**

13.15. How many of these phone numbers are residential numbers? (146)

Residential telephone numbers **[6=6 or more]**  
\_  
7 Don't know / Not sure  
9 Refused

13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of phone service due to weather or natural disasters. (147)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13.17. Indicate sex of respondent. **[Ask only if necessary]**. (148)

- 1 Male ⇒ **Go to next section**
- 2 Female (If respondent is 45 years old or older, ⇒ **Go to next section**)

13.18. To your knowledge, are you now pregnant? (149)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 14: Veteran's Status

---

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (150)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 15: Disability

---

The following questions are about health problems or impairments you may have.

15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (151)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (152)

**Note:** Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## Section 16: Arthritis Burden

---

The next questions refer to the joints in your body. Please do NOT include the back or neck.

- 16.1. During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint? (153)

- 1 Yes
- 2 No ⇒ Go to Q16.4
- 7 Don't know / Not sure ⇒ Go to Q16.4
- 9 Refused ⇒ Go to Q16.4

- 16.2. Did your joint symptoms FIRST begin more than 3 months ago? (154)

- 1 Yes
- 2 No ⇒ Go to Q16.4
- 7 Don't know / Not sure ⇒ Go to Q16.4
- 9 Refused ⇒ Go to Q16.4

- 16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? (155)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (156)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused



**INTERVIEWER NOTE:** Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If either Q16.2=1 (Yes) or Q16.4=1 (Yes); continue. Otherwise, ⇨ Go to next section.

16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (157)

- |   |                       |
|---|-----------------------|
| 1 | Yes                   |
| 2 | No                    |
| 7 | Don't know / Not sure |
| 9 | Refused               |

**Note:** If a respondent question arises about medication, then the interviewer should reply: ***"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."***

## Section 17: Fruits & Vegetables

---

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (158-160)

- |       |                       |
|-------|-----------------------|
| 1 __  | Per day               |
| 2 __  | Per week              |
| 3 __  | Per month             |
| 4 __  | Per year              |
| 5 5 5 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

17.2. Not counting juice, how often do you eat fruit? (161-163)

- |       |                       |
|-------|-----------------------|
| 1 __  | Per day               |
| 2 __  | Per week              |
| 3 __  | Per month             |
| 4 __  | Per year              |
| 5 5 5 | Never                 |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused               |

17.3. How often do you eat green salad? (164-166)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips? (167-169)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 How often do you eat carrots? (170-172)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.) (173-175)

- 1 \_\_ Per day
- 2 \_\_ Per week
- 3 \_\_ Per month
- 4 \_\_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 18: Physical Activity

---

If Core Q13.8=1(employed for wages) or 2(self-employed); continue. Otherwise, ⇒Go to Q18.2.

- 18.1. When you are at work, which of the following best describes what you do? Would you say?  
(176)

**Note:** If respondent has multiple jobs, include all jobs.

**Please read**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

**DO NOT READ**

- 7 Don't know / Not sure
- 9 Refused

**Please read**

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2. Now, thinking about the moderate activities you do [fill in “when you are not working” if “employed” or self-employed”] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?  
(177)

- 1 Yes
- 2 No ⇒Go to Q18.5
- 7 Don't know / Not sure ⇒Go to Q18.5
- 9 Refused ⇒Go to Q18.5

- 18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?  
(178-179)

- Days per week
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time ⇒Go to Q18.5
- 7 7 Don't know / Not sure ⇒Go to Q18.5
- 9 9 Refused ⇒Go to Q18.5

- 18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?  
(180-182)

- .\_:\_ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 18.5. Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?  
(183)

1 Yes  
2 No ⇒Go to next section  
7 Don't know / Not sure ⇒Go to next section  
9 Refused ⇒Go to next section

- 18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?  
(184-185)

-- Days per week  
8 8 Do not do any vigorous physical activity for at least 10 minutes at a time ⇒Go to next section  
7 7 Don't know / Not sure ⇒Go to next section  
9 9 Refused ⇒Go to next section

- 18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?  
(186-188)

.\_:.\_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## Section 19: HIV/AIDS

[If respondent is 65 years or older; ⇒Go to next section]

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include test using fluid from your mouth.  
(189)

1 Yes  
2 No ⇒Go to Q19.4  
7 Don't know / Not sure ⇒Go to Q19.4  
9 Refused ⇒Go to Q19.4

- 19.2. Not including blood donations, in what month and year was your last HIV test?  
(190-195)

**Note:** If response is before January 1985, code “Don't know.”

.\_/\_ Code month and year  
7 7 7 7 7 Don't know / Not sure  
9 9 9 9 9 Refused

- 19.3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (196-197)

0 1 Private doctor or HMO  
0 2 Counseling and testing site  
0 3 Hospital  
0 4 Clinic  
0 5 In a jail or prison (or other correctional facility)  
0 6 Home  
0 7 Somewhere else  
7 7 Don't know / Not sure  
9 9 Refused

- 19.4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

**Please read**

- You have used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.

Do any of these situations apply to you? (198)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

## Section 20: Emotional Support & Life Satisfaction

---

- 20.1. How often do you get the social and emotional support you need? (199)

**Please read**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ**

7 Don't know / Not sure  
9 Refused

20.2. In general, how satisfied are you with your life?

(200)

**Please read**

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**DO NOT READ**

- 7 Don't know / Not sure
- 9 Refused

**Go to closing statement or transition to modules and/or state-added questions**

**Please read closing statement:**

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

**OR**

**Transition to Modules and/or State-Added Questions**

## Optional Modules

Finally, I have just a few questions left about some other health topics.

### Module 1: Diabetes

---

To be asked following Core Q5.1; if response code=1 (Yes).

1. How old were you when you were told you have diabetes? (201-202)  
  
    \_\_ \_\_      Code age in years [97=97 and older]  
    9 8      Don't know / Not sure  
    9 9      Refused
2. Are you now taking insulin? (203)  
  
    1      Yes  
    2      No  
    9      Refused
3. Are you now taking diabetes pills? (204)  
  
    1      Yes  
    2      No  
    7      Don't know / Not sure  
    9      Refused
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (205-207)  
  
    1 \_\_      Times per day  
    2 \_\_      Times per week  
    3 \_\_      Times per month  
    4 \_\_      Times per year  
    8 8 8      Never  
    7 7 7      Don't know / Not sure  
    9 9 9      Refused
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (208-210)  
  
    1 \_\_      Times per day  
    2 \_\_      Times per week  
    3 \_\_      Times per month  
    4 \_\_      Times per year  
    8 8 8      Never  
    5 5 5      No feet  
    7 7 7      Don't know / Not sure  
    9 9 9      Refused

6. Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?  
(211)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?  
(212-213)
- Number of times [76=76 or more]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?  
(214-215)
- Number of times [76=76 or more]
- 8 8 None
  - 9 8 Never heard of "A one C" test
  - 7 7 Don't know / Not sure
  - 9 9 Refused

**If Q5= 555 (No Feet); ⇒Go to Q10.**

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?  
(216-217)
- Number of times [76=76 or more]
- 8 8 None
  - 7 7 Don't know / Not sure
  - 9 9 Refused
10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.  
(218)
- Read only if necessary:**
- 1 Within the past month (anytime less than 1 month ago)
  - 2 Within the past year (1 month but less than 12 months ago)
  - 3 Within the past 2 years (1 year but less than 2 years ago)
  - 4 2 or more years ago
  - 8 Never
  - 7 Don't know / Not sure
  - 9 Refused
11. Has a doctor EVER told you that diabetes has affected your eyes or that you had retinopathy?  
(219)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused



12. Have you EVER taken a course or class in how to manage your diabetes yourself? (220)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Module 5: Cardiovascular Health

---

If "Yes" to Core (Q8.1) 'ever told one had a heart attack or myocardial infarction'; ask Q1.

1. After you left the hospital following your heart attack did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (249)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

If "Yes" to Core (Q8.3) 'ever told one had a stroke'; ask Q2.

2. After you left the hospital following your stroke did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab." (250)
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

[Question 3 is asked of all respondents.]

3. Do you take aspirin daily or every other day? (251)
- 1 Yes ⇒ Go to next module
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

4. Do you have a health problem or condition that makes taking aspirin unsafe for you? (252)

If "Yes," ask "Is this a stomach condition?" Code upset stomach as stomach problems.

- 1 Yes, not stomach related
- 2 Yes, stomach problems
- 3 No
- 7 Don't know / Not sure
- 9 Refused

## Module 6: Actions to Control High Blood Pressure

---

If Core Q6.1=1 (Yes); continue. Otherwise, ⇒ Go to next section.

Are you now doing any of the following to help lower or control your high blood pressure:

1. (Are you) changing your eating habits (to help lower or control your high blood pressure)? (253)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

2. (Are you) cutting down on salt (to help lower or control your high blood pressure)? (254)

1 Yes  
2 No  
3 Do not use salt  
7 Don't know / Not sure  
9 Refused

3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)? (255)

1 Yes  
2 No  
3 Do not drink  
7 Don't know / Not sure  
9 Refused

4. (Are you) exercising (to help lower or control your high blood pressure)? (256)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

Has a doctor or other health professional EVER advised you to do any of the following to help lower or control your high blood pressure:

5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)? (257)

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? (258)

1 Yes  
2 No  
3 Do not use salt  
7 Don't know / Not sure  
9 Refused

7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? (259)

- 1 Yes  
2 No  
3 Do not drink  
7 Don't know / Not sure  
9 Refused
8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? (260)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? (261)
- 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
10. Were you told on **two or more different visits** to a doctor or other health professional that you had high blood pressure? (262)
- If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"**
- 1 Yes  
2 Yes, but female told only during pregnancy  
3 No  
4 Told borderline or pre-hypertensive  
7 Don't know / Not sure  
9 Refused

## Module 8: Influenza

---

**If Core Q10.1 or Q10.2= 1 (Yes); ask the following:**

1. Where did you go to get your most recent flu shot / vaccine that was sprayed in your nose / vaccination (whether it was a shot or spray in your nose)? **[CATI fill in appropriate response from Immunization Core Questions 10.1 and 10.2].** (276-277)

**Read only if necessary:**

- 0 1 A doctor's office or health maintenance organization  
0 2 A health department  
0 3 Another type of clinic or health center  
**[Example: a community health center]**  
0 4 A senior, recreation, or community center  
0 5 A store **[Examples: supermarket, drug store]**  
0 6 A hospital emergency room  
0 7 Workplace  
or

0 8      Some other kind of place

**DO NOT READ**

7 7      Don't know / Not sure

9 9      Refused

## Module 16: Osteoporosis

---

**Osteoporosis (os-tee-oh-por-o-sis)** is a condition where bones become brittle and break (fracture) more easily. It is **not** the same condition as osteoarthritis, a joint disease.

1. Have you EVER been told by a doctor, nurse, or other health professional that you have osteoporosis? (330)
- 1      Yes  
2      No  
7      Don't know / Not sure  
9      Refused

## Module 18: Weight Control

---

1. Are you now trying to lose weight? (335)
- 1      Yes ⇒ **Go to Q3**  
2      No  
7      Don't know / Not sure  
9      Refused
2. Are you now trying to maintain your current weight, that is, to keep from gaining weight? (336)
- 1      Yes  
2      No ⇒ **Go to Q5**  
7      Don't know / Not sure ⇒ **Go to Q5**  
9      Refused ⇒ **Go to Q5**
3. Are you eating either fewer calories or less fat to... (337)
- lose weight? [If "Yes" to Q1]  
keep from gaining weight? [If "Yes" to Q2]
- Probe for which:**
- 1      Yes, fewer calories  
2      Yes, less fat  
3      Yes, fewer calories and less fat  
4      No  
7      Don't know / Not sure  
9      Refused
4. Are you using physical activity or exercise to... (338)
- lose weight? [If "Yes" to Q1]

keep from gaining weight? [If “Yes” to Q2]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight? (339)

**Probe for which:**

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

## Module 21: Smoking Cessation

---

If response to Core Q11.2 = “3” (Not at all); continue. Otherwise, if Core Q11.2 = “1” (every day) or “2” (some days); ⇒ Go to Q2.

**Previously you said you have smoked cigarettes:**

1. About how long has it been since you last smoked cigarettes? (355-356)

**Read only if necessary:**

- 0 1 Within the past month (anytime less than 1 month ago) ⇒ Go to Q2
- 0 2 Within the past 3 months (1 month but less than 3 months ago) ⇒ Go to Q2
- 0 3 Within the past 6 months (3 months but less than 6 months ago) Go to Q2
- 0 4 Within the past year (6 months but less than 1 year ago) ⇒ Go to Q2
- 0 5 Within the past 5 years (1 year but less than 5 years ago) ⇒ Go to next module
- 0 6 Within the past 10 years (5 years but less than 10 years ago) ⇒ Go to the next module
- 0 7 10 or more years ago ⇒ Go to next module
- 7 7 Don't know / Not sure ⇒ Go to next module
- 9 9 Refused ⇒ Go to next module

If response to Q1 = 01, 02, 03, or 04”; or if Core Q11.2 = “1 or 2,” continue.

**The next questions are about interactions you might have had with a doctor, nurse, or other health professional.**

2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (357-358)

- Number of times [01-76]
- 8 8 None ⇒ Go to next module
- 7 7 Don't know / Not sure
- 9 9 Refused

3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider? (359-360)

- — Number of visits [01-76]  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused
4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion? (361-362)

**(Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on)**

- — Number of visits [01-76]  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused
5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking? (363-364)

— — Number of visits [01-76]  
 8 8 None  
 7 7 Don't know / Not sure  
 9 9 Refused

## Module 22: Secondhand Smoke Policy

---

1. Which statement best describes the rules about smoking inside your home? (365)

**Please read**

- 1 Smoking is not allowed anywhere inside your home  
 2 Smoking is allowed in some places or at some times  
 3 Smoking is allowed anywhere inside your home  
 or  
 4 There are no rules about smoking inside your home

**DO NOT READ**

- 7 Don't know / Not sure  
 9 Refused

**If response to Core Q13.8= 1 (employed) or 2 (self-employed); continue. Otherwise, ⇒ Go to next module.**

2. While working at your job, are you indoors most of the time? (366)

- 1 Yes  
 2 No ⇒ **Go to next module**  
 7 Don't know / Not sure ⇒ **Go to next module**  
 9 Refused ⇒ **Go to next module**

3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (367)

**Note:** For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

**Please read**

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas
- or
- 4 No official policy

**DO NOT READ**

- 7 Don't know / Not sure
- 9 Refused

4. Which of the following best describes your place of work's official smoking policy for work areas? (368)

**Please read**

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas
- or
- 4 No official policy

**DO NOT READ**

- 7 Don't know / Not sure
- 9 Refused

## Module 13: Women's Health

---

If the respondent is male; ⇒Go to the next section.

1. A mammogram is an x-ray of each breast to look for breast cancer. Have you EVER had a mammogram? (314)

- 1 Yes
- 2 No ⇒Go to Q3
- 7 Don't know / Not sure ⇒Go to Q3
- 9 Refused ⇒Go to Q3

2. How long has it been since you had your last mammogram? (315)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you EVER had a clinical breast exam? (316)

- 1 Yes
- 2 No ⇒Go to Q5
- 7 Don't know / Not sure ⇒Go to Q5
- 9 Refused ⇒Go to Q5

4. How long has it been since your last breast exam? (317)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

5. A Pap test is a test for cancer of the cervix. Have you EVER had a Pap test? (318)

- 1 Yes
- 2 No ⇒ **Go to Q7**
- 7 Don't know / Not sure ⇒ **Go to Q7**
- 9 Refused ⇒ **Go to Q7**

6. How long has it been since you had your last Pap test? (319)

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

**If response to Core Q13.18=1 (is pregnant); ⇒ Go to Module 15 (Osteoporosis).**

7. Have you had a hysterectomy? (320)

**Read only if necessary:** "A hysterectomy is an operation to remove the uterus (womb)".

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

## State Added 2: Women's Health

**AR01Q01 - ONLY GET IF C13Q16=2 (Female)**

**In the past month, have you noticed any posters, billboards, commercials, or advertisements with a message about having a mammogram test?**

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**AR01Q02 - ONLY GET IF C13Q16=2**



**Are you aware that the health department offers free to low cost breast exams and mammograms?**

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

**AR01Q03 - ONLY GET IF C13Q16=2 AND C13Q01>39 (female and age more than 40)**

**How often do you believe women your age should get a mammogram?**

**INTERVIEWER: READ ONLY IF NECESSARY**

1. Every 6 months
2. Every year
3. Every 2 years
4. Every 3 to 4 years
5. Every 5 years or more
6. ONLY WHEN DOCTOR RECOMMENDED MAMMOGRAM
7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

**AR01Q04 - ONLY GET IF C13Q16=2 AND C13Q01>39 AND M13Q01=1 (Female age 40 or over and yes to ever had mammogram)**

**Did a doctor suggest that you have your most recent mammogram?**

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

**AR01Q05 - ONLY GET IF C13Q16=2 (female)**

**Have you ever had breast cancer?**

1. YES - SKIP TO AR01Q07
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

**AR01Q06 - ONLY GET IF C13Q16=2 AND AR01Q05>1 (Female and No/NotSure/Refused to previous question)**

**Do you think your risk of getting breast cancer is high, medium, low, or none?**

1. High
2. Medium
3. Low
4. None
7. DON'T KNOW/NOT SURE

9. REFUSED

**AR01Q07 - ONLY GET IF C13Q16=2 (female)**

If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

1. All
2. Part (includes co-pay)
3. None - **SKIP TO AR03Q01**
  
7. DON'T KNOW/NOT SURE - **SKIP TO AR03Q01**
9. REFUSED - **SKIP TO AR03Q01**

**AR01Q08 - ONLY GET IF C13Q16=2 AND AR01Q07<3 (Female and "all/part" to previous question)**

How difficult would it be for you to pay for the cost of the mammogram test?

Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?

1. Very difficult
2. Somewhat difficult
3. A little difficult
4. Not at all difficult
  
7. DON'T KNOW/NOT SURE
9. REFUSED

## State added 2: Disability

**AR02Q01 - Everybody**

1) What is the farthest distance you can walk by yourself, without any special equipment or help from others ?

1. Not any distance
2. Across a small room
3. About the length of a typical house
4. About one or two city blocks
5. About one mile
6. More than one mile
7. Don't know / Not sure
9. Refused

**AR02Q02 - Everybody**

2) Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house ?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

**AR02Q03 - Everybody**

3) Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes ?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

**AR02Q04 - Everybody**

4) In the past 30 days, how many days have you not been able to do what you wanted because of physical barriers in your environment like sidewalks, buildings, or houses that are too hard to get around in?

Number of days \_\_\_\_\_ out of the past 30.

- 0. None of the days
- 7. Don't Know/ Not Sure
- 9. Refused